PATENT APPLICATION FEE DETERMINATION RECORD

lication or Docke: Number

10/511820

		· Effec			107	. ر 	1105	0				
<u> </u>		CLAIMȘ A	S FILED -					SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS							RA	TE	FEE] .	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FE	E.	OR	BASIC FEE	950
TOTAL CHARGEABLE CLAIMS			is m	nus 20=	•		. xs	9=		OR	X\$18≈	1
INDEPENDENT CLAIMS			a minus 3 =		•		X4	3=		OR	X86=	
M	JETIPLE DEPEN	NDENT CLAIM P	RESENT				-1.	-145=		OR	-290=	1
ب ۱۱ :	the difference	in column 1 is	tess than zero, enter "0" in column 2				TO			OR	TOTAL	950.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SM	ALL	ENTITY	OR	OTHER SMALL	THAN	
AMENDMENT A	10/19/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	BER JUSLY	PRESENT/ EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. $<$	Minus	V-1	11/) - /	xs	9=		OR	XS18=	
MEN	Independent	•	Minus	C2./ 1	Y	- /	X4	3= ·		OR	X86=	
	FIRST PRESE	NTATION OF ME	JETHPLE DE	PENDENT	CLAIM	/	+14	 5=		OR	+290=	
								DYAL		OR	TOTAL ADDIT. FEE	·
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••			xs	9=.		OR	X\$18=	
	Independent	•	Minus	•••		-	X4:	3=		OR:	X86=	
.4	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM	L_	+14	 5=		OR	+290=	·
						•)TAL	·	OR	YOYAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER FUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	•	Miraus	***		•	X43	=		ÖR	X86=	
~	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		+14	5=		OR	+290=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									'	TOTAL ADDIT. FEE	
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE												

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